

MISCELLANEOUS ANALGESICS PA SUMMARY

PREFERRED	Butalbital/apap tablets, Butalbital/apap/caffeine tablets,
	Butalbital/asa/caffeine tablets, Marten-tab, Tramadol,
	Tramadol/acetominophen
NON-PREFERRED	Bupap, Butalbital/apap/caffeine capsules,
	Butalbital/asa/caffeine capsules, Cephadyn, Conzip, Dolgic
	Plus, Fioricet capsules, Phrenilin Forte, Tramadol ER, Zebutal

LENGTH OF AUTHORIZATION: 6 months

NOTE: If Conzip is approved, the prescriber will be asked to change the prescription to generic tramadol ER. If brand-name Fioricet capsules are approved, the PA will be issued for the generic product, butalbital/apap/caffeine capsules 50-300-40mg.

PA CRITERIA:

For Bupap, Cephadyn, Phrenilin Forte

❖ Physician should submit a written letter of medical necessity stating the reasons the preferred product, Marten-tab, and at least one other preferred analgesic are not appropriate for the member.

For Butalbital/Asa/Caffeine Capsules, Butalbital/Apap/Caffeine Capsules, Dolgic Plus, Fioricet capsules, Zebutal

❖ Physician should submit a written letter of medical necessity stating the reasons the preferred product, generic butalbital/apap/caffeine tablets, and at least one other preferred analgesic are not appropriate for the member.

For Conzip, tramadol ER

❖ Approvable for members 18 years of age or older with a diagnosis of moderate to moderately severe chronic pain who require around-the-clock treatment of their pain for an extended period of time

AND

❖ Member must have experienced trial and failure of generic tramadol (immediate-release) dosed around-the-clock.

EXCEPTIONS:

- * Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling Catamaran at 1-866-525-5827.

PA and APPEAL PROCESS:

❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on "prior approval process".



QUANTITY LEVEL LIMITATIONS:

❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.